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	NUMBER FILED		NUMBER EXTRA*		RATE		FEE		
					SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
Total Claims	65 -20	=	45	X	\$9.00	\$18.00	=	\$405.00	\$
Independent Claims	5 -3	=	2	X	\$42.00	\$84.00	=	\$84.00	\$
Multiple Dependent Claims Presented: <u> X </u> Yes <u> </u> No							=	\$140.00	\$
*If the different in Col. 1 is less than zero, enter "0" in Col. 2					BASIC FEE			\$370.00	
					TOTAL FEE			\$999.00	\$

☒ A check in the amount of \$999.00 to cover the filing fee.

☐ Please charge Deposit Account No. _____ in the amount of \$_____.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the following or credit any over-payment to Account No. 03-3125:

☒ Filing fees under 37 C.F.R. §1.16.

☒ Patent application processing fees under 37 C.F.R. §1.17.

☐ The issue fee set in 37 C.F.R. §1.18 at or before mailing of the Notice of Allowance, pursuant to 37 C.F.R. §1.311(b).

☒ Three copies of this sheet are enclosed.

☐ A certified copy of previously filed foreign application No. _____ filed in _____ on _____.

Applicant(s) hereby claim priority based upon this aforementioned foreign application under 35 U.S.C. §119.


☒ Other (identify)

Express Mail Certificate of Mailing bearing label no. EK146828357US dated November 30, 2001 and 1 loose duplicate set of formal drawings (30pp)

Respectfully submitted,



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